CHIPRA QUALITY DEMONSTRATION GRANT:

Quality through Technology and Innovation in Pediatrics

South Carolina Department of Health & Human Services
We are counting on you...
We are counting on you...
The South Carolina grant has four key goals:

**Quality:** demonstrate that newly developed quality measures can be successfully utilized in pediatric practices;

**Technology:** share key clinical data through a statewide electronic quality improvement network;

**Innovation:** develop a physician-led, peer-to-peer quality improvement network; and

**Pediatrics:** expand the use of pediatric medical homes to address mental health challenges of children in our state.
South Carolina chose categories:

**CHIPRA Measures:**

**Category A** – Experiment with, and evaluate the use of, new measures for quality of Medicaid/CHIP children’s health care

**EHRs:**

**Category B** – Promote the use of Health Information Technology (HIT) for the delivery of care for children covered by Medicaid/CHIP

**Medical Home/Behavioral Health:**

**Category C** – Evaluate provider-based models which improve the delivery of Medicaid/CHIP children’s health care services
From the Beginning Until Now

Years:

1
2
3
Quality Core Measures

- Reporting
- SCORxE (ADHD, Asthma)
- MOC
- Truven Reports
- IFS (Measure Analysis, CAHPS)

- Supported by EMR/HIE
- PDSAs
- These support and relate to PCMH (2, 6) & Mental Health
Quality Measures
February 2010 – December 2012

- Introduced 13 of 24 quality core measures
- SC received approval American Board of Pediatrics (ABP)
to offer MOC credits on 10 quality measures:
  - Asthma
  - ADHD
  - Access
  - Behavioral Health Services
  - Developmental Screening
  - Emergency Dept. Use
  - Family Centered Care
  - Oral Health
  - Well Child Visits (all)
  - BMI

- 60 Credits earned by 38 doctors in 11 practices for their work on 6 topic areas.

Goal: to demonstrate that newly developed quality measures can be successfully utilized in pediatric practices
HIT/EMR/HIE

• SCHIEX
• Reporting
• CareEvolution and Truven Healthcare Analytics

- Used to generate quality reports
- Coincides with meaningful use
- Helps with PCMH criteria
Electronic Health Records

- 18 practices use 10 different EMR operating systems
- Historical data downloaded from 6 practices
- Driver customization and/or interoperability standards completed with 4 operating systems.
- Developing a measure-specifics suggestions for improvement to EMR data capture and storage
- Aim: to extract data from 10 QTIP practices by the end of spring 2012

GOAL: share key clinical data through a statewide electronic quality improvement network
Quality Reporting

• Received historical data and weekly updates from 5 practices.
• Evaluating data for quality and reasonability
• Completed code review for 13 measures
• Compared and aligned EMR (clinical and claims data) with baseline data. Analyzing similarities & differences
• Report design developed and reviewed
• Reports to select practices 1st quarter 2013

GOAL: share key clinical data through a statewide electronic quality improvement network
Quality Reporting

Initial data findings:
• Missing data fields which impact at least 3 measures
• Some EMR data does not contain standard procedure codes.
• Eligibility data only available for Medicaid population
• Wide variation in data entry processes across practices
  – i.e. dates of birth
  – Multiple patient ids
  – Diagnosis and procedure code documentation

GOAL: share key clinical data through a statewide electronic quality improvement network
PCMH

- NCQA
- Enhanced Reimbursement
- Support By: SCDHHS, Medical Director, ACO, MCO and Primary Care Association

- QTIP Participation
- PDSAs
- QTIP team assistance
- AAP Mental Health Readiness
Patient Centered Medical Homes

• Implementing PCMH under NCQA standards

• July 2012 Learning Collaborative focused on NCQA - PCMH
  – 1 practice received PCMH – level 3 (2008) certification
  – At least 7 are have requested and/or actively working on applications.

Goal: Implement pediatric medical homes to address the mental health needs
Mental Health

- CHADIS
- Screenings
- Integration
- UMASS

- SCORxE
- Work with Community Services/Resources

- QTIP staff and support
- PCMH
- Quality Measures
Integrated Mental Health

- **3** practices piloted CHADIS software system
- **5** Staff representing **4** practices participated in UMASS certification training
- **72** on-site visits and **29** community mixers/resource meetings occurred
- AAP Mental Health Practice Readiness Inventory assessment conducted
- Practices showing an increase in (routine or pilot) screenings

Goal: Implement pediatric medical homes to address the mental health needs
Special Recognition to

CHADIS
- Carolina Pediatrics (Columbia)
- Barnwell Pediatrics
- Stono Pediatrics

UMASS
- Deandra Clark, MD (AnMed)
- Kim Conant, RN (Palmetto Peds-Cola)
- Kimberly Kantalopis, Counselor (TCC)
- Patsy Alexander, Social Worker (LRMC)
- Kristine Hobbs (DHHS)
Results/Comments

CHADIS:

• “Concept is fabulous; potential there – reality is not there”.
• “Good feedback from parents”
• “… was looking for a piece of paper in a formal way that makes the process better; this seems to make it more complicated."
• “logistics of CHADIS is hard”

RESULTS/OUTCOME 2 of the 3 practices accepted a 6 month continuance from CHADIS. QTIP will not be replicating for other practices.
QTIP Award

“Stick Your Neck Out”

CHADIS Pilot Site
Results/Comments

UMASS

Certificate in Primary Care Behavioral Health

Results are mixed

It appears to be more applicable and better received from the mental health workers who are in a medical practice rather than medical pediatric staff.

RESULTS/OUTCOME: QTIP will be offering UMASS again in the Spring and Fall of 2013
2011- ADHD

– 129 practitioners participated in the initial visit; 82 practitioners, in the follow-up visit.
– 28 practitioners received CEU certificates

2012 – ASTHMA

- 119 practitioners from 17 practices participated in the initial on-site visit
- As of Dec. 30th, 80 practitioners from 14 practices have participated in the follow-up visits
- 57 practitioners received CEU certificates
Evaluation: Measuring Quality Improvement

Outcomes

CHIPRA Core quality measures (baseline, CY2010, CY2011, annually)

• Individual practice quality measure reports based on administrative claims data until EMR data exchange
• CAHPS results provided (baseline CY2010, CY2011)
• Practice characteristics and movement toward improved quality, PCMH and Integrated behavioral health
ON THE ROAD AGAIN
February 2011 – December 2012

74 Technical Assistance visits by Dr. Rushton

Fall 2012
- 17 on-site visits
- 151 pediatric staff participated
- 7 peer reviewers

Previous visits:
- 180 staff - Fall 2011
- 228 staff - Spring 2011
- 178 staff – Spring 2012
Honorable Mention to our Peer Reviewers

- Katie Stephenson, MD
- Kathy Minshew, RN
- Martha Edwards, MD
- Abe Moskow, MD
- Caroline Currin, Office Manager
- Diane Flashnik, Fed. of Families
- Jackie Richards, Family Connection of SC
And so does QTIP
So ... What Did You Do?
Quality
WHAT DID YOU DO?

Quality improvement team within the pediatric setting (as of December 31, 2012)

– Over 456 quality meetings documented from January 2011 to December 2012

– 106 meetings were documented between July to December 30, 2012.
What did you do?

Quality - To Date:

Collection of CHIPRA Quality Measures

– As of December 30, 2012, **696** PDSA cycles have been documented from January 2011 to December 2012.

– **128** of these were documented for work completed between July - December 2012.
QTIP Award
Best All Around
Rock Hill Pediatrics
Who has worked on Obesity

12 practices have documented work on this topic; 29 PDSAs

Who has worked on Asthma

17 practices have documented work on this topic; 109 PDSAs
Evaluation’s initial successes findings:

1. Practices reported successes on specific core measures:
   • ED visits
   • Developmental Screening
   • Oral health

   Improved outcomes also reflected in preliminary results of same quality measures between CY 2010 and CY 2011.

2. Practices beginning to address behavioral health issues

3. PCMH status: based on practice self-reports assessment
   • 1 certified at 2008
   • 4 could qualify for level 1
   • 7 level 2 and 3 for level 3
A little help and input from our friends
Strengths and WOWs of QTIP as reported by you  
N=17

1. **Increased focus on quality** – reported by 11 measures, attention, feedback, treatment of patients

2. **QTIP provides added benefits** – reported by 9 MOC, training, helps structure EMR adoption, spread and messaging, structure within office

3. **Increased interest/involvement in mental health** – 9 screenings, involvement

4. **Sharing/communication** – reported by 5
Strengths and WOWs of QTIP reported by you

5. Patient Successes:
A child’s statement: (Because of ACT), “he asked if I was coughing, now he (Dr.) has me on inhaled steroid and coughing is better”

“patients are asking for Asthma Action Plans”

Through mental health screenings, our office “picked up on a kid that was suicidal, got referred to MH and was admitted.”

Another practice reports a suicide was possibly averted because of a screening.

“Commitment of our practice... we are willing to do more, it’s not good enough until we’ve met the patient’s needs.”
Challenges/Barriers as reported by you (n=17)

1. **Staffing is a challenge** (reported by 13 practices)
   - Physician buy-in
   - Spread
   - Leadership

2. **Time** (13 reported)

3. **EMRs** (8 reported)
   - changes in systems
   - ability to generate reports

4. **Data collection/how to measure** (6 reported)

5. **Competing priorities** (6 reported)
   - staff
   - administration
   - within systems
Challenges – Identified by evaluators

1. Heterogeneous Mix
2. PCMH
3. Integrated Behavioral Health
4. Quality Improvement (QI)

Many common challenges effect these 4 areas
• Turnover in staff
• Varying degrees of support from administration and practice engagement
• Differences in support, size, type, affiliation with administration

Quality Improvement affected by varying levels of understanding of the PDSA cycle process and how to use for quality improvement, and by inadequate documentation
Lessons Learned - IFS

• SC was very ambitious

• Requirements of outside organizations often run counter to practices quality improvement efforts

• Larger institutions often have less clinical autonomy and decision making at the local level and can be harder to engage. Small practices may lack the support and resources of larger practices

• Some measures have limited utility in pediatric practices
Lessons Learned - IFS

• Learning Collaborative meetings are an effective tool for sharing information; however, we still need to determine the effectiveness in practice knowledge/behavioral change.

• Having a pediatrician lead the Learning Collaborative and site visits is helpful in getting entry in to the practices and obtaining “buy-in”

• Having the needed skilled staff available (practices and QTIP) is essential to meeting the expectations

• Collaboration between practice and QTIP partners is very positive.
How can we improve?
Recommendations for Improvement by the Evaluators (IFS)

• Raise the visibility of the different categories of the project

• Change is inevitable so prepare for it

• Getting to know the right person in the practice is very important

• Prioritize what is given to the practices

• Have a common focus (PCMH)
Where we are going

• 2013
• Today

Remember to plan for sustainability
Year 4 Tasks

February 2013 - January 2014

• Learning Collaboratives
  – July 2013 Adolescent Health

• NCQA- PCMH
  – Linking PCMH, PDSA and MOC
  – Financial Incentives from DHHS for application and certifications
  – Financial incentives from QTIP for Level 2 and 3 certification
Year 4

• **SCORxE**
  – Psychotropic medications with an emphasis on antipsychotics.

• **HIT assistance**
  – Connectivity and data gathering from EMR
  – Continue to work on SCHIEEx connection

• **Technical Assistance**
  – site visits conducted between February - June 2013
Year 4

• Quality Reports
  – Continue discussing data findings
  – Continue to assess data quality
  – Obtaining baseline results for all measures
  – Examine available options for enhancing claims data
  – Explore alternative versions of measures including observation coding and relax criteria
  – Reports delivered to practices (Q1 2013); discuss findings and assist practices to utilize reports
Year 4

• **Evaluation Activities**
  – CHIPRA Intervention Survey
  – Quality Measure Analysis – CHIPRA and Comparison CY2012
  – CAHPS: CHIPRA and Comparison
  – Provider Behavioral Health Integration/PCMH results
  – Feedback : Report of initial findings
Behavioral Health

– Training/certification program available – UMASS
– Incorporation of prevention strategies and screenings
– Brokering with community resources
– SCORxE visits

Year 4 Tasks
Counting on you for mental health
Quality Improvement

• Work with Donna on PDSA cycles:
  – quality measures
  – documenting improvements
  – linking to PCMH
  – Using your work to apply for MOC
  – Data collection

• Implementing effective QI processes within your practice.
• Understand PDSA cycles
• Webinars are being organized
• Sustain QI efforts within and beyond the grant
Resources offered:

- Parent partners
- UMASS certification program
- AAP Mental Health Tool Kit
- QTIP webinars
- QTIP Technical Assistance
What we need you to do
We are counting on Site visits/QI

• Responsibly for helping plan site visits
• Peer reviewers
• Work on quality measures
• PDSA/QI: minimum 4 PDSAs/quarter
• Document what you do!
• Develop series of PDSA cycles that provide MOC credit opportunities for the doctors in your practice
• Work on spreading the QI concepts practice-wide
We are counting on **YOU**

**PCMH**

- Make application to NCQA- PCMH
- Submit application information for enhanced reimbursement
- Use Donna as a resource for standard 6
- Achieve PCMH level 2
  - Enhanced reimbursement
  - QTIP bonus $2,500
We are counting on HIT and Reporting

- Work with Care Evolution on connectivity and data extracts
- SCHIEx connection
- Please let Will Moye know of any changes with your EMR system or servers or questions you have

Reports

- Review quality reports; use data to make decisions
- Provide feedback on report format
We are counting on Mental Health

• Refer to Kristine’s slides and presentations
• Begin incorporating screenings within your office
• Use your AAP tool kit

We are introducing screening tools and encouraging routine screenings. We hope you will work on integrating behavioral health within your practice and/or community.

As you are incorporating behavioral health strategies remember to focus on integrating and infusing this within your practice (information loop, referrals, treatment planning, etc.)
We are counting on YOU to Document.
“I LOVE to count anything and everything!”
PDSAs represents month
PDSA documented
Now For This Weekend...

• Introducing 1 quality measure
  “follow–up after hospitalization for mental illness.”

• multiple screening tool options for
  – Developmental Delays
  – Psychosocial and other environmental risks factors (including but not limited to: mental health, substance use, etc.)
  – Follow up screenings as indicated
Thank you for your continued work and devotion to this project.

Focus of SC Grant

South Carolina believes that children will achieve the best health outcomes when they receive care through an integrated medical home that addresses all their health needs—both physical and mental—and participates in continuous quality improvement efforts.
Go Forward and do Great Things
Today I will live in the moment unless it's unpleasant in which case I will eat a cookie.
QTIP Award
Perseverance
Carolina Pediatrics - Cheraw
QTIP Award for _____